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(Include Copy of Claim Form and Related Documentation in Case File)  APPEAL  APPEAL FILED: YES NO  (If Yes, Include Copy in Case File)	☐ ACTUAL MOVING ☐ REESTABLISHME ☐ FIXED PAYMENT		RELOCATION PAYMENTS	☐ OWNED	TENURE AT REPLACEMENT LOCATION:	DATE MOVE BEGAN	DATE AGENCY INSPECTED PREMISES	DATE AGENCY NOTIFIED OF INTENTION TO MOVE	REPLACEMENT LOCATION	,				ia (a.) Su				DATE	REFERRALS TO REPLACEMENT LOCATIONS
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